

EXTENSION OF EDUCATION VOUCHER APPLICATION

Submit to: Arizona Department of Education, Exceptional Student Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin # 24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

THIS FORM MUST BE COMPLETED BY THE HOME SCHOOL DISTRICT WHEN A STUDENT PLACED BY A STATE PLACING AGENCY INTO A RESIDENTIAL TREATMENT CENTER FOR CARE, SAFETY, OR TREATMENT REASONS CANNOT BE EVALUATED WITHIN 60 CALENDAR DAYS. PLEASE COMPLETE ALL INFORMATION BELOW, SUBMIT ONE COPY TO ADE AND FORWARD A COPY TO THE RESIDENTIAL FACILITY.

Please Note: Only ONE 60 Day Extension Will Be Approved Per Placement

HOME SCHOOL DISTRICT: _____ PHONE: _____

STUDENT NAME: _____ First _____ Last _____. DOB: _____

RESIDENTIAL FACILITY: _____ ENTRY DATE: _____

STATE PLACING AGENCY: _____

SPA CONTACT: _____ PHONE: _____

In accordance with ARS 15-1183, the home school district is requesting an extension of voucher funding for the above-named student because (check all that applies): (Please provide a complete explanation)

- ☐ The Home School District has not yet obtained a surrogate parent. Please attach documentation of your effort to obtain a surrogate parent and/or explain.
- ☐ The student was unavailable for testing; (e.g., AWOL, hospitalized)
- ☐ Other:

Signature of Special Education Director or Representative

Date